

**AI TAKAMUL COMPANY FOR ENGINEERING TESTS  
AND PROFESSIONAL SAFETY LIMITED**

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**CERTIFICATE OF THOROUGH EXAMINATION**

This Certificate complies with the requirements of the Lifting Equipment Operations and Lifting Equipment Regulations

<b>Date of Examination:</b>	04/11/2024	<b>Date of Report:</b>	04/11/2024	<b>Certificate No:</b>	QC/24/HALL-0411-045				
<b>Client Name:</b>	HALLIBURTON	<b>Location:</b>	HPS YARD	<b>Job Number:</b>	04112024				
<b>Serial Number:</b>	QTY	<b>Description</b>	<b>SWL</b>	<b>Date of manufacture if known:</b>	<b>Date of last thorough examination</b>				
AM 466 AM 468 AM 469 AM 1500	04	<b>SAFETY PIN BOW SHACKLE</b>  <b>MANUFACTURE:</b> GRIPTON  <b>SIZE:</b> 3/4"  <b>GRADE:</b> 6  <b>F.O.S:</b> 6:1	4.75 T	N/A	21/04/2024				
<b>Reference Standard:</b>		BS EN 13889 / HAL DOC: WM-GL-HAL-HSE-0420F & WM-GL-HAL-HSE-0420C REV 1							
Is this the first examination after Installation or assembly at a new site or location?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td>✓</td> </tr> </table>		YES		NO	✓	Was the examination carried out:	
YES		NO	✓						
If the answer to the above question is YES has the equipment been installed correctly?		<table border="1"> <tr> <td>YES</td> <td></td> <td>NO</td> <td></td> </tr> </table>		YES		NO		Within an interval of 6 months?	
YES		NO							
				Within an interval of 12 months?					
				In accordance with an examination scheme?					
				After the occurrence of exceptional circumstances?					
				YES	✓				
				NO	✓				
				YES	✓				
				NO	✓				
Identification of any part found to have a defect which is or could not become a danger to persons and a description of the defect: (If none Sate NONE) NONE									
Is the above a defect which is of immediate danger to persons:				YES	NO				
Is the above a defect which is not yet but could become a danger to persons (If YES state the date by when)				N/A					
Particulars of any repair, renewal or alteration required to remedy the defect identified above:									
Particulars of any tests carried out as part of the examination: (If none state NONE) The subject Items were inspected Visually and dimensionally where no signs of defects were observed at the time of inspection and found satisfactory									
<b>IS THIS EQUIPMENT SAFE TO OPERATE?</b>				YES	NO				
<b>Name of Inspector:</b>	<b>Name of person authenticating this report:</b>		<b>Signature &amp; Stamp:</b>						
MOHAMED ABDALLAH	ASHRAF ELSAID								
<b>Date of Next Through Examination:</b>	03/05/2025								

REV: 01 Dated: 20 June 2022

**THIS IS TO CERTIFY THAT;** a competent person did attend the above-mentioned owner's work location on the date shown above and the equipment described in this report was tested & inspected as per the requirements of Lifting Operations Lifting Equipment Regulation "LOLER". The result was found Satisfactory at the time of Inspection and considered Safe for Lifting.

